wound. One may not unreasonably infer that the beneficial effects obtained in the use of gauze packing for external wounds would accrue equally in the case of similar lesions occurring within the abdomen. But whatever the analogy between septic processes taking place within and without the abdomen, there is absolutely none between the parts involved, since the peritoneal cavity with its viscera introduces an entirely new aspect. The author reports his experience with a piece of dry gauze used to pack away the small bowel during a pelvic operation. Within one-half an hour it had become intimately adherent to the visceral peritoneum and left an acutely inflamed surface when peeled off. Two cases are reported in which gauze inadvertently left in the peritoneal cavity later ulcerated into the intestine. The author has frequently noted that on the withdrawal of a gauze pack which had been left in the wound for a few days after the operation a fecal discharge has, if not immediately, in a day or two ensued. The author thinks that if the gauze packing be previously wrung out of a warm saline or citrate solution this rapid adhesive effect would not have been produced. Four other disadvantages, more or less related to the length of time the gauze is retained, are noted: (1) If the packing is employed in septic cases without the adjunct drainage of a tube the gauze may act as a dam; (2) the irritating effect of gauze on neighboring coils of healthy bowel leads to a low form of adhesive peritonitis which may end in obstruction; (3) the longer the wound is kept open the more likely is the chance of a ventral hernia; (4) the withdrawal of gauze is a very painful process. The author thinks that the disadvantages greatly outweigh the advantages and that gauze packing should be avoided except under definite and clear limitations, which may be expressed thus: the use of as small a piece of gauze as possible, which equally connotes the avoidance of large packs retained for several days.

Recurrent Nephrolithiasis.—LAMSON (*Ann. Surg.*, 1920, lxxxi, 16) says that we cannot hope to prevent recurrence of this disease unless we know more of its true etiology. Careful study of the history of the patient in all its different aspects and thorough examination of the urine and chemical analysis of the stone may determine the postoperative treatment. Thorough flushing of the urinary channels by drinking freely of water, preferably distilled water, may help in the dislodgment and removal of any possible nucleus of future stones. This treatment must be continued for a considerable period even after the urine has completely cleared up. Faulty or incomplete surgery by leaving in the pelvis fragments of stones may contribute toward a recurrence of nephrolithiasis.

Life Expectancy of Patients following Operations for Gastric and Duodenal Ulcer.—BALFOUR (*Ann. Surg.*, 1919, lxx, 522) says that in the past surgical treatment of many diseases has been measured by operative mortality and the permanency of the relief: However, life expectancy can be said to be the major consideration with the patient. The percentage of operative deaths in the hospital following operations for gastric ulcer was twice that following duodenal ulcer, but both percentages are low. The mortality during the three years following the operation among persons operated on for gastric ulcer was three times

as high as that among persons operated on for duodenal ulcer. The mortality among persons operated on for gastric ulcer decreases relatively after operation, but the data are not sufficient to determine the number of years which must elapse before the death-rate is similar to that of the general population. The mortality among those operated for duodenal ulcer in this series was less than that among the general population.

Life History of the First Case of Myxedema Treated by Thyroid Extract.—MURRAY (*British Med. Jour.*, March 13, 1920, p. 359) says that his patient, first given the thyroid extract in 1891, at the age of forty-six years, died recently at the age of seventy-four years. The results in this afforded definite proof that the thyroid gland produced an internal secretion and showed that the thyroid insufficiency of myxedema in man could be made good by maintaining an adequate supply of thyroidal hormones from an external source. The patient was given a hypodermic injection of twenty-five minims of the extract twice a week at first, and later on longer intervals. Three months later she was much improved and after this the injections were given fortnightly. Still later she was given 10 minims by mouth six nights a week, so that one dram was consumed in the course of a week, On this dose she remained in good health, and free from the signs of myxedema. Murray has seen the patient only once during the last eleven years, but another physician kept track of her and reported that she continued to take the thyroid extract regularly until early in 1918 when it became difficult to obtain, so that she was given dry thyroid extract in a tablet instead. She died early in 1919 from cardiac failure. This patient was thus enabled, by the regular and continued use of thyroid extract, to live twenty-eight years after she had reached an advanced stage of myxedema.

Arteriovenous Fistula with an Analysis of 447 Cases.—CALLENDER (*Ann. Surg.*, 1920, lxxi, 428) presents a very valuable study of this subject and reviews the literature thoroughly. Under treatment he deals with the various methods which have been employed and gives statistics concerning the results in each instance. He says that the operation of complete extirpation of the aneurism after quadruple ligation of the afferent and efferent vessel, with its high percentage of favorable results, must be duly accredited. In 122 such operations there had been 117 cures, or 95.9 per cent., 1 death, or 0.8 per cent., and 1 residual gangrene, or 0.8 per cent. Death occurred in Barendrecht's case in the popliteal vessels, and failure resulted in Jaboulay's case of posterior tibial aneurism. Among the cases of improvement may be mentioned the popliteal aneurism operated on by von Eiselsberg, in which there were residual plaques of gangrene of the foot, and Bernhaupt's aneurism of the popliteal vessels with residual motor and sensory changes, and Eiselsberg's brachial aneurism, which showed symptoms after three years. In this type of operation the disadvantages of tardy healing and imperfect hemostasis, as well as gangrene from pressure on arterial collaterals, which in other operations are so major, are here reduced to a minimum. By careful dissection one may obviate the useless